

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		09/673707	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
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TOTAL CLAIM		TOTAL CLAIM		TOTAL CLAIM		TOTAL CLAIM		TOTAL CLAIM	